

APPLICATION FOR BUILDING PERMIT

1

FOR APPLICANT TO FILL IN

BUILDING ADDRESS 22833 BROADWELL			
CITY TORRANCE		ZIP 90502	
SIZE OF LOT	NO. OF BLDGS. NOW ON LOT		
TRACT 18087	BLOCK	LOT NO. 41	
OWNER MR. & MRS. KARL SCHOETZW		TEL. NO. 539-0170	
ADDRESS ABOVE BLDG. ADDRESS			
CITY		ZIP	
ARCHITECT OR ENGINEER		TEL. NO.	
ADDRESS			
CONTRACTOR BERNARD R. JENILA		TEL. NO. 421-6608	
ADDRESS 4122 PIXIE AVE		LIC. NO. 690027	
CITY LAKEWOOD		LIC. CLASS B-1	
CONSTRUCTION LENDER NAME AND BRANCH			
ADDRESS		CITY	
SQ. FT. SIZE 348	NO. OF STORIES	NO. OF FAMILIES	CHECK ONE
DESCRIPTION OF WORK SECOND FLOOR BED ROOM WITH BATHROOM			NEW <input type="checkbox"/>
			ADD <input checked="" type="checkbox"/>
			ALTER <input type="checkbox"/>
			REPAIR <input type="checkbox"/>
			DEMOL <input type="checkbox"/>
USE OF EXISTING BLDG.			
APPLICANT (PRINT)		TEL. NO.	
BY (SIGNATURE)			
<p>I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE.</p>			
SIGNATURE OF PERMITTEE Bernardo R. Jenila			
ADDRESS 4122 PIXIE AVE			
CITY LAKEWOOD	TEL. NO. 421-6608		
VALUATION \$ 9000.00			

BUILDING ADDRESS 22833 BROADWELL				
LOCALITY Co. TORR				
NEAREST CROSS ST.				
ASSESSOR MAP BOOK 7407	PAGE 10	PARCEL 24		
DISTRICT 12	GROUP R-3	TYPE CONST. I	FIRE ZONE 3	PROCESSED BY Clements
STATISTICAL CLASSIFICATION				SEWER MAP
CLASS NO. 21 DWELL. UNITS 0				D BK 55 PG
USE ZONE R-1	MAP NO. 4231			
SPECIAL CONDITIONS				
ROAD DEPARTMENT APPROVAL REQUIRED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)				
HIGHWAY	+	YARD	=	TOTAL SETBACK FROM FRONT PROP. LINE
	+		=	
BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)				
HIGHWAY	+	YARD	=	TOTAL SETBACK FROM SIDE PROP. LINE
	+		=	
CORNER CUTOFF YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IN OPEN SPACE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
IN COASTAL PERMIT ZONE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
NO WORK DONE Ref'd & Renewal 7/13/78				
FINAL DATE		BY		
P.C. Fee \$ 48.00		Permit Fee 60		
		Issuance Fee 7		
		Total Fee 67.00		

INSPECTOR COPY

PLAN CHECK VALIDATION

CK. M.O. CASH

PERMIT VALIDATION

CK. M.O. CASH

8 1 5 APR 12 A 2 3

48.00

0 6 1 MAY 17 A 0 1

67.00

PLANS TO APPLICANT					INSPECTOR'S NOTES
TO:		RETURNED		APPROVED	
NO	DATE	NO	DATE		
APPROVALS		REQUIRED		DATE RECEIVED OR APPROVED	
		YES	NO		
WATER CERTIFICATE					
HEALTH DEPARTMENT					
FIRE DEPARTMENT					
GRADING					
GEOLOGICAL					
PEDESTRIAN PROTECTION (FENCE) (CANOPY)					
SPECIAL INSPECTION (CONC.) (MASNRY.) (WELDG.)					
LOT DRAINAGE					
PARKING					
APPROVALS	DATE	INSPECTOR'S SIGNATURE			
LOCATION- (SETBACK & YARDS)					
FOUNDATIONS					
FRAME					
LATH/DRYWALL INTERIOR					
LATH-EXTERIOR					
HOUSE NUMBER- CORRECT & POSTED					
FINAL ENTER ON FRONT					

APPLICATION FOR PLUMBING PERMIT

1

BUILDING AND SAFETY DIVISION

FOR APPLICANT TO FILL IN (PRINT OR TYPE)				BUILDING ADDRESS	
NUMBER	FIXTURE OR ITEM	@	FEE	LOCALITY	
1	WATER CLOSET		3-	TORRANCE	
1	BATH TUB		3-		
	SHOWER				
1	LAVATORY		3-		
	SINK				
	DISHWASHER				
	CLOTHES WASHER				
	SWIMMING POOL RECEPTOR				
	LAWN SPRINKLER SYSTEM				
	WATER HEATER				
	GAS SYSTEM	OUTLETS			
	OUTLETS OVER 5 PER SYSTEM				
Plan check fee					
PLUMBING PERMIT ISSUING FEE \$			7.00		
TOTAL FEE			16.00		
Plan check applicant					
Name <u>KART SCHOEN TROW</u>					
Address <u>22833 Broadwell</u>					
City <u>TORRANCE</u> Tel. No. <u>539-0176</u>					
I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.					
I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY.					
SIGNATURE OF PERMITTEE <u>Ker Schoen Trow</u>					
APPROVALS		DATE		INSPECTOR'S SIGNATURE	
UNDER SLAB WORK					
ROUGH PLUMBING		10/14/78		Bernal	
GAS PIPING					
GAS VENT					
HOT WATER HEATER					
PLUMBING FIXTURES					
GAS TEST					
UTILITY CO. NOTIFIED					
FINAL		4-3-80		Bernal	

INSPECTOR COPY

PLAN CHECK VALIDATION

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PERMIT VALIDATION

CK. M.O. CASH

7678 JUN 14 A 05

16.00